



COMMUNICATIONS AND RELATIONSHIPS

WITH AND BETWEEN THE DIVISION OF REGIONAL MEDICAL PROGRAMS,
THE 54 REGIONAL MEDICAL PROGRAMS, OTHER ORGANIZATIONS,
INSTITUTIONS AND GROUPS*

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During the past year the Division of Regional Medical Programs has been reorganized to meet the changing needs and demands placed upon it in fulfilling its mission of implementing Public Law 89-239.

One of the areas of activity to which a new emphasis was given in that reorganization was that of developing and maintaining relationships between the Division and national professional and voluntary health organizations and specialty groups. As a result, the Office of Organizational Liaison was established within the Office of the Director. Although not initially given an official role in this new endeavor, the existing Office of Communications and Public Information, also a part of the Office of the Director, has worked with those involved with organizational liaison and contributed to that relationship as an important and integral part of its own total program. Together, these two Offices now are assuming primary responsibility for developing and maintaining relationships and communications with and between the Division, the Regions, other national organizations, institutions and groups.

At the Divisional or national level, these activities are carried on by utilizing a matrix of the professional and institutional groups who are the providers of health services and are actively involved with the Division of Regional Medical Programs and the Programs

themselves, and the public who are the recipients of those services. The first group can be identified as including representatives of the hospitals, medical schools, physicians and their specialty groups, allied health professionals, and all voluntary and public health organizations. The second group comprises all of the people in whose interest the first group operates but subdivided so that the educational or informational effort directed to that complex of publics, is tailored to meet the specific needs of each group. Only by utilizing this matrix can an integrated series of activities be planned and implemented that will effectively achieve goals of understanding, acceptance, support and cooperation among the various professional groups, on the one hand, and among the various publics that they serve on the other.

There must be parallel planning and effort at the regional level so that the activities of the Division cannot only be supportive of those of the Regions, but supplemental to them -- and vice versa. A successful result can only be achieved by a clear understanding of what constitutes effective planning and programming at both levels in organizational liaison and communications and public information.

There is already tangible evidence of the success of the Division in working with such organizations as the American Medical Association, the National Medical Association, the American Hospital Association, the American Cancer Society, the American Heart Association, the American Public Health Association, the American Academy of General Practice, the Colleges of Surgeons, Cardiology and Neurology, and the nursing and allied health professional associations.

The cooperative effort of a number of these organizations is exemplified by the three contract activities aimed at developing criteria for measuring the quality of diagnosis and treatment of patients with heart disease, cancer and stroke as required by Section 907 of the Regional Medical Programs legislation. In each case, one professional or voluntary health organization is accepting the responsibility for coordinating the work of other groups engaged with them in developing such criteria. It is expected that a report of the Committee on Cancer will be available by Spring of 1969, and those on heart disease and stroke shortly thereafter.

The national professional societies have also been encouraged to assume an advisory and consulting role in Regional Medical Programs. Their major contribution to date has been their help in determining what constitutes "the latest advances" or the highest quality of medical care for patients with heart disease, cancer, stroke and related disease which Regional Medical Programs should help physicians and hospitals make available to their patients. Similar efforts at the regional level are also underway and are helping to set the pattern for strengthening these relationships in the Regions.

Another example of joint action between the Division and a major national organization was the American Hospital Association's Invitational Conference on Hospitals and Regional Medical Programs held in June of this year. In addition to the material already distributed in the form of the reprints of July 1, 1968 issue of Hospitals Magazine which help explain this relationship, it can be expected that the proceedings of the meeting expected to go to press shortly will further clarify the issues. Parallel action is already occurring at the local level between the state and metropolitan hospital associations and the Regional Medical Programs in

which they are involved -- or should be.

Education of the providers of health service actively involved in Regional Medical Programs to the philosophy and development of Regional Medical Programs is being carried out through the efforts of both the Division's Office of Organizational Liaison and the Office of Communications and Public Information. This is being done in concert with the organizations already named and others, both in terms of program content at scheduled meetings, and through their own journals and other quasi-professional publications. For example, a full section on epidemiology at the last annual meeting of the American Public Health Association meeting was devoted to Regional Medical Programs. Similarly, the Sixth National Cancer Conference in Denver earlier this month added a day-long workshop-conference on special Regional Medical Programs activities. In addition, such publications as the AMA Journal and News, Bulletin of the American Cancer Society, the American Heart Association, Medical World News, Medical Tribune, Medical Economics, American Journal of Nursing, Hospitals, and Hospital Practice, to name a few, have written and published definitive features on Regional Medical Programs for their own special readership groups, which in many instances overlap nationally and locally.

Much in the same way, the journals of the Medical Associations of North Carolina, Georgia, Utah and the Northwest (Oregon, Washington and Idaho), to name a few, have been most constructive in detailing the Regional Medical Program activities in their Regions to their own readers. So too have the state and regional publications of the Cancer Society, Heart Association and others, ^{voluntary and public organizations} which have given special regional emphasis to the material issued by their national offices in the interest of the

Programs in their areas.

A combination and extension of this kind of activity at both the national and regional level must be encouraged. Only in this way can there be an understanding of Regional Medical Program issues in both national and regional terms.

There still remains much to be done in terms of inter-Regional exchange of information. Unfortunately, too little has been done to meet the demands for various informational elements that have already been identified. There is, however, some promise and progress in this

area. In response to Dr. Musser's suggestion, we are pleased to announce that the Directory of Regional Medical

Programs will incorporate some of this type of information in its forthcoming issue. Included will be a listing of all approved projects in the 23 operational Programs funded to date. Coordinators and Directors of these Programs will find summaries of their projects for review and approval in their folders. Also, the selected bibliography Dr. Musser asked for is in press.

For the past 18 months, the Division of Regional Medical Programs has assumed the presumptuous role of providing a wide range of informational materials, including its News, Information and Data publications, to any and all who asked for them, either on a one-time basis or regularly as they became available. The concept of the Regions developing their own materials for their own audiences now requires a re-evaluation of this policy. The Division's mailing list is now in its final stages of being regionalized. The question now arises of how best each Program can further maintain and develop that list to include all of the people with whom that Program must communicate, and then assume responsibility for doing so as part of a total informational program for that Region.

Regional Medical Programs, unlike any other Federal program, not only has put roots down into the 54 separate Regions, but each Program is indeed a special kind of autonomous entity. Each is separate in many ways not only from the Division of Regional Medical Programs, but from the other 53 Programs as well. As such, each Program must develop its own relationships and systems of communications and information among the various groups within its own Region to meet its own needs and demands. But each Program is still a part of a national effort being funded with Federal dollars and operating under Federal law. Therefore, all Programs have an obligation not only to keep their own Regional audiences properly informed and aware of their activities and progress, but also those who represent those constituencies in the Congress.

These facts add up to the unique factor of Regional Medical Programs that makes them different. Separately, each develops activities which are in the best interest of those who live in their Region. Together, they do the same for the entire country and, as such, have the potential for providing a collectively significant influence on the kind of support that is needed to insure the success of all of the Programs.

"Grant me the strength and intelligence to change those things I can; the patience to bear those things I cannot change; and the wisdom to know the difference." As this quote applies to Regional Medical Programs, we quote the Frenchman who said "Vive la difference!"